



FROM-Merchant & Gould

6123329081

T-337 P.002/002 F-997

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE
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(A) CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23552 7590 11/01/2004

**MERCHANT & GOULD PC
P.O. BOX 2903
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Peggy Kerkhove

(Depositor's name)

(Signature)

January 26, 2005

(Date)

01/27/2005 MGE BREM2 00000044 132725 10028158

01 FC:2501 700.00 DA
02 FC:1504 300.00 DA
03 FC:8001 6.00 DA

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/028,158 | 12/20/2001 | Isabella Caniggia | 11757.38USD1 | 4218 |

TITLE OF INVENTION: METHODS TO DIAGNOSE A REQUIRED REGULATION OF TROPHOBLAST INVASION

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$685 | \$300 | \$985 | 02/01/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| ANDRES, JANET L | 1646 | 433-072000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/17; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Merchant & Gould P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mount Sinai Hospital
Martin Post

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Toronto, Canada
Toronto, CanadaPlease check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 2

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2725 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Douglas P. Mueller

Date January 26, 2005

Typed or printed name

Registration No. 30,300

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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A Professional Corporation

Fax Transmission | January 26, 2005

TO: Commissioner for Patents
Attn: Examiner
Patent Examining Corps
Facsimile Center
Washington, D.C. 20231

FROM: Douglas P. Mueller

OUR REF: 11757.0038USD1
TELEPHONE: (612) 332-5300

Total pages, including cover letter: 2

PTO FAX NUMBER: 703.746.4000

If you do NOT receive all of the pages, please telephone us at (612) 332-5300, or fax us at (612) 332-9081.

Title of Document Transmitted:

Part B - Fee Transmittal

Applicant: CANIGLIA, et al.
Serial No.: 10/028158
Filed: December 20, 2001
Group Art Unit: 1646
Our Ref. No.: 11757.0038USD1

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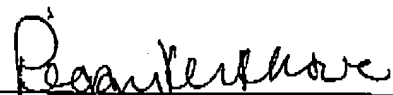
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